Serbia Family Planning and Reproductive Health Assessment
Final Report
August 2004

I. Executive Summary

Although the current USAID/Serbia strategy does not include a specific focus on health sector activities, beginning with FY 2002 funding, the mission has programmed $1.5 million annually in support of the E&E Bureau's targets for Family Planning and Reproductive Health (FP/RH) directed funds. All health sector activities are managed and implemented under the Community Revitalization Though Democratic Action (CRDA) program. This assessment is intended to assist USAID/Serbia in determining how best it might utilize its FP/RH funds within the new mission strategy.

Findings

Even prior to the FP/RH directive, health was among the priorities identified at the community level under the CRDA program. A total of 267 health sector projects in 81 municipalities have been financed under CRDA, of which 118 projects in 49 municipalities have been financed using FP/RH directed funds. CRDA partners have raised community awareness of FP/RH priorities and, as a result, have shifted the focus of the health sector activities financed under CRDA toward preventive programs targeted to women and young people. Although USAID funding for the health sector is low relative to other donors and international organizations, USAID is one of the only contributors to community-level FP/RH services programs. CRDA partners, therefore, have had a significant impact on raising the awareness and availability of FP/RH information and services at the community level in Serbia.

The majority of FP/RH services program financed under CRDA fall into two categories: FP/RH information and services targeted to youth and cancer screening and awareness for adult women. Both categories of program have contributed to awareness and use of services in the communities served. As well, these programs have laid the foundation for future activities. Cancer screening programs offer the opportunity to develop on-site FP/RH counseling and services. Youth-focused programs present opportunities to further expand "youth-friendly" services and counseling, support development of a national network of peer educators and standards for peer educator training, and play a lead role in developing resources for peer educators nationwide.

To date, FP services and counseling for adult women have not been a primary focus under CRDA. The structure of the health care system and services offers an opportunity to focus on three categories of personnel to offer FP/RH counseling and services: patronage nurses, providers responsible for post-abortion care counseling, and cancer screening program staff. Also, because all CRDA programs targeted to youth include an STI (sexually-transmitted disease) prevention component, CRDA implementing partners

could play an important role in influencing the development of national HIV/AIDS policy and programs.

Recommendations

Detailed recommendations for future programming of RH/FP funding under CRDA are laid out beginning on page 13 of this report. The recommendations fall into six Categories:

1. Support and build on the CRDA grantee initiative to develop a joint FP/RH strategy. The assessment team applauds this initiative and recommends that CRDA grantees also consider: joint financing for priority technical assistance, training programs and resource materials, when feasible; developing a unifying theme and legacy for FP/RH activities; building national capacity by developing priority in-country expertise; and establishing a national FP/RH awards program to recognize community and professional contributions and raise awareness.

2. Focus Resources on Building Quality FP/RH services and information. Future programming should build on hardware (equipment purchases and renovation) with software, by focusing on FP training for key providers, outreach and media to raise awareness, and client-friendly services. Youth programs financed under CRDA should develop linkages with the national network of "youth-friendly" counseling centers supported by the Mother and Child Health Institute (MCHI) and UNICEF, apply national standards, and support MCHI efforts to establish youth counseling centers and services where not presently available. Programs for adult women should target scarce resources to key health providers: patronage nurses, health providers responsible for post-abortion care and counseling, and cancer screening staff.

3. Contribute to development of a national network of peer educators. CRDA implementing partners should coordinate with key groups and organizations to support development, dissemination and use of national-level standards for peer educators and peer education training, and development of a national network of peer educators. CRDA partners could play an important and lead role in developing and expanding the resources available to peer educators, including web-based and interactive media resources.

4. Promote "best practices" in FP/RH programs. An illustrative list of best practices is included in this report (page 16). Four of particular note are: building sustainable programs by collaborating with established networks and programs; promoting private-public partnerships to leverage resources for FP/RH; building a media component into FP/RH when possible; and using youth social networks and events to disseminate messages.

5. Consider financing a country-wide Reproductive Health Survey to provide baseline information on FP/RH.

6. Program Management Recommendations for USAID for FP/RH and HIV/AIDS. The assessment team recommends that USAID/Washington (Global Health and E&E Bureau) provide periodic technical support to the mission and that the mission consider available options to ease the management burden on GDO Office staff. The team also recommends that USAID/Serbia take advantage of the HIV/AIDS expert technical assistance available from E&E Bureau in the coming year. Given the FP/RH focus on youth, the mission might benefit from information exchange and assistance from Global Health Bureau adolescent health program experts.

Organization of the Report

This report presents the findings and recommendations of three weeks of fieldwork. It consists of the following sections:

I. Executive Summary (findings and key recommendations)
II. Background (history of program, assessment purpose and methodology)
III. Findings (summarizes key findings)
IV. Recommendations (comprehensive recommendations based on key findings)
V. Best Practices (illustrative best practices observed by the assessment team)
VI. Opportunities for Linking to Other USAID/Serbia programs

Annexes: 1) Other Donor Programs; 2) Other Relevant Data and Information; 3) Documents Reviewed; 4) List of Persons Contacted

II. Background

In preparation for the development of its new five-year (2005-2009) strategy, USAID/Serbia is conducting assessments of the key sectors and programs in which it has been working since 2001. The purpose is to determine if the mission should continue its efforts in these sectors and whether the focus of its programs should be modified.

The Community Revitalization Through Democratic Action (CRDA) Program is a five-year, $200 million program covering all of Serbia except metropolitan Belgrade and the province of Kosovo. It is a civil society program that employs community development activities to build trust between different ethnic and religious groups, to demonstrate the value of citizen participation, to support grassroots democratic action and to bring immediate improvements in people's living conditions. CRDA is implemented through Cooperative Agreements with five American PVOs (herein referred to as "grantees") each of which operates in a geographic region or Area of Responsibility (AOR). These are: Cooperative Housing Foundation (CHF) for Eastern and Southeastern Serbia; Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Activities (ACDI/VOCA) for Central Serbia; America's Development Foundation (ADF) for the Vojvodina region; International Relief and Development (IRD) for Western Serbia and Mercy Corps International (MCI) for Southwestern Serbia. CRDA finances activities under four pillars: civic participation, civil works, income generation and environmental improvement.

Although the current USAID/Serbia strategy does not include a specific focus on health sector activities, since FY 2001 the mission has supported health sector activities designed to improve services and programs in local communities under the CRDA program. Initially, these activities focused predominantly on health facility renovation and equipment purchases and were financed under the civil works pillar. Since FY 2002, USAID/Serbia has programmed $1.5 M annually in support of the E&E Bureau's AEEB targets for Family Planning and Reproductive Health (FP/RH) directed funds. Implementation has been guided by the FP/RH Needs and Possibilities Assessment Report prepared by USAID Regional Health Advisor Sigrid Anderson in July, 2002. The FP/RH activities are financed under the civic participation pillar of CRDA. In total, 267 health sector projects have been funded under CRDA, of which 118 have been financed using FP/RH directed funds.

The purpose of this assessment is to examine past projects, explore program options and opportunities, identify best practices and recommend how USAID/Serbia might best utilize its FP/RH directed funds under the new mission strategy. The FP/RH Assessment team consisted of two members from USAID/Washington (Carol Flavell, M/HR and Jonathan Ross, Global Health Bureau) who carried out their task in Serbia from July 19 to August 7, 2004. The team met with key USAID, donor, grantee and government officials in Belgrade and spent nine days visiting CRDA FP/RH programs nationwide. The team met with and interviewed program implementers, local and regional health officials, local NGO representatives, youth groups, peer educators, trainers, journalists, community members and members of CRDA committees. The team used the interviews and relevant documentation to identify priorities, issues and opportunities for USAID-financed FP/RH activities in Serbia. A complete list of persons interviewed and documents reviewed is provided in Annex 2 and 3.

III. Findings

The findings section includes general background information on Serbia's health care system and health statistics, FP/RH data, including HIV/AIDS, a brief description of other donor programs, and findings specific to the FP/RH programs implemented under CRDA. The findings were compiled from official sources, interviews and site visits and provide key information relevant to the assessment report recommendations.

Health Care System, General Observations

The health sector faces major challenges that were exacerbated by the past decade of political, economic and social upheaval. These challenges include health care reform, particularly primary health care reform, management of the 1 billion euro/year Health Insurance Fund (which allocates funds to health care services) and decentralization. These challenges have been further compounded by a deterioration of management capacity and sector infrastructure. Much expertise was lost during government changeovers in recent years and, as a consequent, there has been a lack of management and leadership. In addition, during the embargo of the 1990's, Serbia did not have access to the enormous technological development in the rest of Europe, and there has been a marked lack of investment in infrastructure and equipment over the past 15 years.

The absence of a Minister of Health for two years hindered the implementation of expected reforms in the health sector. The political environment at the national level remains complex and complicates decision-making. Although decentralization of the health sector is scheduled to get underway later this year, municipality roles and functions remain unclear and budgets are not yet at the municipal level.

The donor community concurs that there is still no clear vision for or progress in health care reform and this is a top priority, as reflected in planned, near-term investments by the two major donors, the World Bank and the European Agency for Reconstruction (EAR). CIDA, for example, financed development of a Family Medicine specialization for physicians that has not been implemented owing to the absence of a national primary health care policy. CIDA, therefore, plans to invest in the development of a primary health care as one of its priority activities in the near term. Over 20 international donor and lending organizations contribute to or plan support for the health sector in Serbia (see Annex 1, Other Donor Programs for additional information on those donor programs most relevant to the USAID program). The assessment team also observed a highly "medicalized" orientation on the part of most health facility program managers and clinicians, with a focus on high-tech screening and treatment options as compared to preventive and primary care services and information.

There are opportunities for building quality FP/RH services and information into the existing structure of health services and providers, however. First, there is a clearly defined structure for health care services based on primary (Primary Health Care Centers, PHCCs), secondary (general hospitals) and tertiary (specialty hospitals, clinical hospital centers and university clinical centers) facilities, and though there is some overlap between levels, the types of staff and categories of services provided at each level is fairly consistent. Most services are provided by the public sector: ICRC, responsible for implementing a three-year municipal level health services reform project, estimates 80-90% of health services are provided by the public sector. The health care system appears to be adequately staffed, though the team observed higher levels of vacancies in some more rural areas. WHO observes that health systems managers and professionals are usually well qualified.

Existing health services delivery networks and personnel offer excellent points of entry for expanding access to family planning and reproductive health services and information. These include: the nationwide network of PHCCs, each of which is staffed by OB-GYN specialists, psychologists, and pediatricians, provides reproductive health and specialized services and is the first point of contact for most women seeking health care; the network of "patronage" nurses; hospital-based physicians who provide post-abortion care and counseling; and facility-based breast and cervical cancer prevention, screening and treatment programs.

"Patronage" nurses are a national network of 1420 (287 in Belgrade, 1133 elsewhere) public health nurses who provide home-based services. Approximately 70% of a patronage nurse's time is devoted to pregnant women and newborns, and the remainder to

chronic or infectious disease (diabetes, TB, high blood pressure) and elder care. Under national guidelines, every pregnant woman receives 2 prenatal and 5 post-natal visits. Home visits offer an excellent opportunity for integrating FP/RH information and referrals. (Dr. Andjelka Kotevic at the Belgrade Institute for Public Health has developed continuing education programs for Belgrade-based patronage nurses.) Also, under national guidelines for both public and private facilities, women who have abortions are monitored and scheduled for a follow-up consultation 7 days later. Sources interviewed estimated that 90% of both public and private sector clients attend the follow-up consultation, offering an excellent opportunity for FP/RH counseling and services. Many PHCCs and hospitals offer cervical and breast cancer screening services, a number of which have been equipped under CRDA. FP/RH information and services could be integrated into or co-located with these programs. Similarly, cancer screening information and referrals could be provided as part of FP/RH counseling at sites where screening services are not available. Opportunities for reaching men appear to be more limited, though implementers discussed couples counseling, cancer screening programs for men, and awareness-raising through public lectures and discussion groups and media as potential points of entry.

Relevant Health Sector Data

Health data in Serbia and Montenegro are compiled by different government entities, making the reporting of complete and accurate statistics challenging. Primary Health Care Centers (PHCC) and other health institutions are obligated to submit data on infectious and non-infectious diseases to 22 regional Institutes of Public Health (IPH). These data are compiled and analyzed before being submitted to the Republic IPH in Belgrade for inclusion in published annual reports. Hospitals submit mortality data to Regional Institutes for Statistics for submission to the Republic Institute for Statistics in Belgrade; these data are not regularly reported to the IPH. Private providers are not required to report any data to public institutions; thus, "national" statistics report only part of the health sector picture. Presently, there is no system for compiling, analyzing and reporting all health statistics. In the words of one donor, "although there is a lot of data it is either not applied to health program planning or management, or not the type of data useful for program management." EAR began work with the MOH on the development of a health information system (HIS) in 2004.

Understandably, the availability of reliable health statistics has not improved since the FP/RH Needs and Possibilities Assessment was conducted in July 2002. Based on information received and discussions with a variety of sources, the following are key FP/RH data:

- Although contraceptive prevalence is 58%, the use of reliable, modern methods is low (condoms 17.4%, periodic abstinence 14%; withdrawal 11%; IUDs 8%; pills 5%; vaginal methods and lactation amenorrhea methods 2%).
- Elective abortion remains high, with women aged 15-45 having 66 abortions for every 100 live births, and adolescents having 21 abortions for every 100 live births.
- Sexual debut is occurring before age 16 for two-thirds of boys and one-third of girls, and health professionals report sexual activity among younger age groups is increasing.

- Sexually transmitted infections (STIs) and HIV/AIDS are on the rise among teenagers and high risk groups.
- Teenage pregnancy rates in CEE countries are 2-4 times higher than those in Western Europe, many lead to dangerous abortions that can have serious health consequences.
- 40% of young Serbian women aged 15-24 report having been pregnant at least once, with 20% having had one or more abortions, and only 40% visiting a gynecologist.
- 60% of Serbian 15-19 years olds do not use any method of contraception, for those who do, one-third use condoms; among 20-24 year olds 45% use contraception, half of which is condoms.
- Serbia and Montenegro has the 2nd highest reported cases of HIV/AIDS in SEE.
- Reproductive health awareness and knowledge is low in all age groups, particularly among adolescents. A study among teenagers in Novi Sad indicates that more than 85% did not have accurate knowledge of STIs.
- Approximately 11% of infants under four months of age are exclusively breastfed (ideally, infants should be exclusively breastfed for the first 6 months).
- Cervical and breast cancers continue to be the most frequently occurring cancers and are the 2nd and 3rd leading causes of death among women in Serbia. Reported rapid increases in cancer incidence are likely due to better diagnosis and reporting.

Given the lack of FP/RH sector data, The Mother and Child Health Institute considers it a top priority to conduct a study of RH and fertility in Serbia, similar to the one conducted and reported in Montenegro in 2001 (Fertility and Reproductive Health of the Population in the Republic of Montenegro, Mirjana Rasevic, Serbian Demographic Institute). This study contained fertility rates, population policy issues, knowledge and attitudes concerning reproductive behavior and family planning, and contraceptive prevalence, among other topics. Serbian sources indicate that a similar study could be conducted with local expertise for approximately $30,000.

HIV/AIDS

Although the SOW for the assessment did not include specific reference to HIV/AIDS prevention and treatment, HIV/AIDS prevention is an implicit objective of reproductive health and STI prevention programs, particularly programs targeted to youth, and it was a point of discussion during many interviews and site visits.

The HIV/AIDS situation in Serbia remains unclear. Official statistics report only 1,378 cases at the end of 2002. That same year, WHO estimated 10,000 cases of HIV in Serbia and Montenegro, and some sources working in the sector estimate that the current figure may be as high as 20,000. As there is no systematic collection of data on HIV/AIDS, estimates are based on incomplete, outdated or anecdotal information and data. The number of positive HIV test reports captures only those who came forward for testing, were diagnosed with HIV infection, and were reported. The fact that over 70% of reported HIV cases from Belgrade have already reached the AIDS stage raises concerns that individuals wait until they developed advanced HIV before coming for testing. Health officials interviewed reported increases in HIV/AIDS Hepatitis C, and other STIs, but none were able to provide statistics outside of their own health facilities. Together,

this information suggests that there may well be a large and rapidly increasing number of un-diagnosed HIV infections in Serbia.

UNAIDS and WHO report that HIV infections are booming in Eastern Europe and Central Asia, with 360,000 new cases reported in 2003, the third highest regional increase worldwide. The World Bank notes that HIV/AIDS remains one of the most challenging of the MDG goals for Serbia and Montenegro and that the Republic remains at risk for future infections given existing transmission channels in the region, primarily injecting drug use and commercial sex. Another potential vector is the generation of Romanian orphans routinely injected with vitamins now in the high-risk 15-30 year old age group.

In April 2003, Serbia was awarded two-year funding totaling $5.15 million 2003 by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). HIV/AIDS education within schools is one of six national priorities for GFATM funding. In December 2003, the Country Coordinating Mechanism (CCM), the national committee charged with directing identification, implementation and monitoring of in-country programs financed by the Global Fund for AIDS, reported establishment of the Serbian AIDS Education and Training Center, the development of training modules, and the adoption of generic protocols for safe clinical practice. The Medical Faculty of the University of Belgrade and Serbian Institute of Public Health support the Center. The assessment team learned that other donors are working with the CCM on HIV/AIDS awareness and prevention, particularly among high risk groups (sex workers, injecting drug users, and men who have sex with men) young people and pregnant woman. UNICEF is a member of the CCM and the Republic AIDS Commission and supports HIV/AIDS awareness and prevention programs.

The assessment team received information from a project supported by one of the CRDA partners that, if confirmed, raises concerns regarding the local policy environment and access of local NGOs to the CCM. The implementing partner stated that there is no confidentiality regarding a person's HIV/AIDS status (this information is printed on the face of the national health card), HIV+ cases face discrimination when seeking services and care, and a single 20-bed hospital is the only source of in-patient care. The director of the implementing NGO also stated her organization and had been unable to make contacts with CCM members or to access GFATM funding. Athough the assessment team was unable to investigate or confirm this information, site visits and discussions confirm that the general population is probably not well-informed about HIV/AIDS, demand for testing is likely constrained by limited availability and out-of-pocket costs, and that confidentiality and discrimination are issues. The recommendations section contains proposed steps to address these concerns.

FP/RH Activities Financed by CRDA Partners

Four of the five CRDA grantees had financed health sector projects in their respective AORs prior to the FP/RH directive. A total of 267 health sector projects have been financed under CRDA, of which 118 have been funded under the FP/RH directive and 149 represent other community health projects funded using core CRDA funds. In FY 2002 and 2003, total expenditures for medical equipment and health sector renovations

under CRDA totaled over $4 million, while FP/RH directive funding expenditures totaled slightly over $2 million for the same period. This illustrates that other CRDA funds have been used to broaden and deepen health sector programs and confirms that health was among community-level priorities even prior to the FP/RH directive.

To date, health sector activities financed under CRDA have focused heavily on equipment purchases and renovation of facilities. The FY 2003 Guidance on the Definition and Use of the Child Survival and Health Programs Fund (CSH Guidance) prohibited construction and the FP/RH activities financed under CRDA shifted accordingly, with an increasing focus on services, training and building capacity. During the FY 2002-2003 period, equipment purchases represented roughly two-thirds of FP/RH directive expenditures, but CRDA grantee planning and reporting documents for FY 2004 and program strategies for FY 2005 reflect a trend towards building on infrastructure investments by upgrading hardware (repairs and equipment) with software (quality of services and information).

Beginning with the FY 2004 funding just received (to be expended during FY 2005), USAID/Serbia in consultation with the E&E Bureau has agreed that major equipment purchases will no longer be financed with FP/RH directive funds. Assessment team discussions with CRDA grantees confirm that most recognize the desirability of shifting focus to FP/RH preventive services delivery that build on and complement the equipment purchases. The Deputy Minister of Health also concurs that "there's enough hardware, we now must focus on the software," including education of educators, staff, clients and the public, development of standards and procedures to ensure quality services, health network strengthening, and development of a national Health Information System. His comments may also reflect the high levels of equipment and infrastructure investment (hardware) planned by other donors.

Grantees report that initial efforts to build awareness of FP/RH programs and issues have led to a substantial and growing demand for programs, services and information in most communities. Grantees also report that the FP/RH programs implemented have been well accepted in and supported by the community. The directive has also promoted a fundamental shift in the way communities think about health services delivery, i.e., there is a greater focus on prevention, client-oriented services, and community involvement in the design and delivery of health programs. The FP/RH projects implemented are designed to be responsive to the needs of the community – this is clearly illustrated by the range and variation in program approaches – and this community-targeted design drives their sustainability. Linking FP/RH programs to broader community-based activities and initiatives further enhances their value and desirability.

An assessment comparing and contrasting the different approaches and activities employed under CRDA with a view to identifying those that are particularly effective and relevant is planned over the coming month. The FP/RH assessment team, therefore, did not focus on this topic. The assessment team observed, however, that the project decision-making process for FP/RH activities was influenced by a number of factors, not all of which promoted "community driven" decision making and many of which

promoted a heavy focus on infrastructure, equipment and sophisticated clinical services at the expense of promoting quality, basic FP/RH services and information. These factors included: the guidelines for project proposals specified in public tenders; the focus or staff composition of the grantee; the size and composition of the CDC and FP/RH working group; and the relative ease of drawing down program funds through equipment purchases compared to activities that strengthen service delivery and capacity.

Although CRDA was not originally designed to include a specific focus on FP/RH, the assessment team was very favorably impressed by the grantee's positive and timely response and innovative and effective community-level programs. CRDA grantees reported a positive response as measured by community-level funding contributions. Health officials, local NGOs, municipal officials and community members reported excellent collaboration with grantees. One local health official commented that "before the CRDA project started, community members were used to broken promises, once people saw promises being fulfilled, they had more ideas for projects. We give great praise to the CRDA team."

The CRDA FP/RH Working Group composed of representatives from each implementing partner (recommended by the USAID program manager) has had a very positive impact on implementation program-wide. Building on the success of this collaboration, the five implementing partners are considering development of a joint FP/RH strategy for the coming fiscal year. Joint activities planned include: a) further development of a web page portal; b) a communications strategy, including print materials, journalism training for health professionals, public information campaigns, and mobile education teams; c) a focus on information and services targeted to youth and support for peer education; and d) systematic monitoring, evaluation and impact assessment using common indicators. This approach will promote economies of scale, support common approaches, improve quality and enhance impact. The assessment team applauds this initiative.

FP/RH Programs Targeted to Youth

FP/RH program targeted to youth are a common theme in all CRDA grantee programs. Grantees have employed a range of models and implementation approaches adapted to community norms, in-house expertise, and partnering arrangements with local and international organizations.

The assessment team visited "youth-friendly" counseling and services programs linked to a national network of 32 centers operating under the auspices of the Mother and Child Health Institute (MCHI) of Serbia with the support of UNICEF. The objective of youth-friendly programs is to provide FP/RH information and services in a discrete, youth-oriented setting. In addition to offering counseling and services targeted to youth, the MCHI program supports peer educator training, training for biology teachers and school psychologists and the development of standards and guidelines for health screening, individual counseling and youth-friendly services. MCHI offers workshops linked to local government, promotes the participation of local NGOs in peer education programs and has set up a database of peer educators still in its pilot phase.

The assessment team also visited "youth corners," which offer FP/RH information in the context of community centers and other programs targeted to youth. These programs provide information and counseling on-site and may provide referrals to off-site services. Other youth programs visited included local NGO programs, health centers and high schools offering youth FP/RH counseling programs. In the words of a local official "an educated adolescent becomes an educated adult, and that is why they are our first priority for FP/RH counseling and services."

Peer educators are a common element of all of these youth-focused programs, including youth corners. The assessment team noted that peer education training programs financed under CRDA vary widely in terms of how peer educators are selected, duration and content of training, and the role and responsibilities of trained peer educators. The programs where peer educators were based varied as well – some were "institutionalized" in schools and clinical settings, others were more community-based in approach, seeking opportunities to provide information and referrals in a broader community context such as music festivals or community fairs and competitions. All peer educators work on a voluntary basis in their respective communities. Some peer education training programs have moved to a second phase of "training of trainers," i.e., training experienced peer educators to organize and lead peer education training programs.

A number of donors, international organizations and local NGOs are actively supporting peer educator training in Serbia and national and regional resources exist. The youth arm of the Yugoslav Association for Fighting AIDS (Jazas-Youth) and the Yugoslav Association of medical students (YUMISC) are developing national standards for peer educators and training. The Youth Peer Electronic Resource (Y-Peer), an initiative of the Joint UN Interagency Group on Young People's Health, Development and Protection, Subcommittee on Peer Education, is a web site (youthpeer.org) aimed at supporting the development of Eastern Europe and Central Asia. This site offers extensive resources and materials for peer educators working in the region and showcases innovative programs and peer educators through "peer educator of the month (and year)" competitions. A Republic-based list-serve is also in place at y-peer@eunet.yu. It is not clear whether all USAID-financed peer educators are aware of or using these resources, although resource materials are available to peer educators on at least one one CRDA grantee web site and CRDA grantees are discussing joint development of a web portal. It is clear, however, that CRDA's base in communities nationwide provides an excellent springboard for expanding the network of peer educators.

Peer educators interviewed by the assessment team identified development of an interactive CD on RH/FP, an interactive national web site that responds to questions on FP/RH and opportunities for regional and international exchange with other peer educators as top priorities.

Peer educators and professionals alike consider it a top priority to develop a national network of peer educators (note: an electronic network exists, although it is not clear whether a more formal network exists.) One clinician also suggested forming a network

of the health professionals who have been trained in providing counseling and services to youth.

FP/RH Programs Targeted to Adult Women

To date, the majority of resources directed to FP/RH services for adult women have been focused on equipment for cancer screening and delivery (mammography machines, colposcopes, Doppler ultrasound machines). Health professionals interviewed by the assessment team reported that these investments have had a positive impact on RH services delivery. Equipment has resulted in improved screening, increases in the numbers of women seeking preventive services, more motivated staff and more satisfied clients. One OB-GYN observed that both patients and doctors are more satisfied. In the past, a pregnant woman who passed her due date was admitted to the hospital until delivery, but with new equipment she can be monitored at the PHCC until she is ready to deliver, often saving 7-8 days of hospitalization. Women who previously sought care only when not well are now going for preventive services and screening. For example, pap smear results previously took up to one month but with local ability to test and results available the next day, there is increased awareness of and priority given to preventive care.

There is still a great need for more "client-oriented" and "friendly" services for adult women. Many health professionals are not viewed as providing friendly services and counseling is rare. In addition, there has been very little focus on providing FP services and counseling to adult women under the CRDA program. Cancer screening and safe motherhood programs and services are an opportunity for integrating FP counseling and services in the future. Patronage nurses and health providers responsible for post-abortion care and counseling are also well positioned to provide information and services.

Media and Communications Programs

A number of mass media approaches are being employed by CRDA grantees. Public television and radio programming is often free of charge or a local contribution. Health information is delivered via: journalism training for health professionals who write articles or give interviews; talk or call in shows; public service announcements or articles; radio shows by and for youth; commercially-oriented approaches, including delivering messages via music festivals, soap operas, sporting events and paid messages in popular magazines; and volunteer-staffed phone lines (many youth programs and some programs targeted to pregnant women and mothers of young children offer phone-based counseling and referral).

Given that media is highly receptive to information and access is often free or low cost, and media is a primary source of FP/RH information, it is important to ensure that health program managers capitalize on this by building a media component into activities whenever feasible.

The assessment team noted a proliferation of materials, particularly materials targeted to youth. Although the team supports grantee efforts to inform via print media (a survey conducted by CHF in 2002 found that the majority of the population was getting its RH

information through the media) it would like to raise the need to ensure that "core" messages are delivered simply, clearly and consistently. The team applauds the CRDA grantee initiative to develop a joint communications strategy.

The team viewed many high-quality print materials, some developed in collaboration with local artists. It is not clear, however, whether USAID-financed programs have studied the most effective means for delivering messages to the target audiences, i.e., whether print or mass media approaches are more effective. UNICEF has conducted a study of youth-oriented communications models in Serbia that might be useful for CRDA grantees. Also, the team remarked that although health professionals repeatedly cited the need for more print materials (leaflets and brochures) as a top priority, adolescents and young adults stated a preference for multi-media and interactive media.

The teacher's manual for primary school education developed by ACDI/VOCA will require approval from the Ministry of Health and Ministry of Education prior to piloting, and is being reviewed by the Regional Health Advisor to ensure conformity with FP/RH guidelines. (The assessment team noted that two implementing partners are developing primary school curriculum materials but neither is aware of the other.) The assessment team recommends that CRDA partners involved in curriculum development coordinate with the national working group on school health curriculum (contact point is UNICEF) and the National Commission for Young People's Health and Development (Ministry of Health) to ensure that materials and approach reflect national-level planning.

Training Programs for Health Professionals

Training programs for health professionals is another common thread across CRDA grantees. Training in effective counseling skills, particularly counseling for adolescents, remains a high priority, as well as training in state-of-the-art FP services delivery. The CRDA program has built expertise within the medical community and should use this local expertise to plan and lead future training programs. Professional associations can serve as vehicles for training in new procedures and communications skills.

The assessment team recommends that grantees give first priority to training key health professionals who could have the greatest impact on improving awareness and availability of FP/RH services, include staff of youth-friendly services programs, patronage nurses, and hospital-based staff responsible for post-abortion care and counseling.

Recommendations

Support the CRDA grantee initiative to join forces under a common FP/RH Strategy. This initiative will promote common approaches and best practices, reduce duplication, enhance collaboration and networking within and beyond the sector, and improve impact. CRDA grantees have identified areas where they plan to standardize (see findings). The assessment team recommends the grantees also consider: jointly financing priority technical assistance, training programs, and resource materials.

Use the FP/RH Working Group as the vehicle for developing a shared, program-wide vision" This group should define a unifying theme for FP/RH activities and identify a legacy for these programs. Developing a common theme will give the program national-level recognition, and can be done in a manner that ensures recognition of individual grantee contributions.

Develop national-level capacity and expertise. Use CRDA FP/RH program resources to develop lasting national capacity by identifying and developing in-country expertise.

Recognize the contribution of the FP/RH program's many community volunteers with annual program-wide awards for sector professionals, community members and youth. Use these awards to recognize individual or team contributions to FP/RH in Serbia and to "showcase" best practices or innovations. Sponsor award winner participation in key regional or international conferences, as appropriate, and the Serbian public health association. Ensure national and local media coverage of the awards.

Focus Future Financing on Building Quality FP Services Delivery Programs. To date, FP/RH financing has been heavily focused on equipment purchases. Future programs should build on this hardware with software that promotes quality FP/RH services and information. Activities that will forge the link include training for key providers in state-of-the-art services delivery and client-oriented counseling, awareness-raising through outreach and media, and client-friendly services.

Develop or expand quality FP/RH counseling and services by targeting scarce resources to key health care providers. These key providers include patronage nurses, who provide home-based pre-natal and post-delivery care and school health education, hospital-based staff responsible for post-abortion care and counseling, and cancer screening program staff. Use previously trained professionals as trainers when possible.

Maintain and build on the program's focus on quality services for youth by forging linkages with the national network of "Youth-Friendly" Counseling Centers supported by the Mother and Child Health Institute and UNICEF. The MCHI is responsible for developing national standards for youth-friendly services programs and collaboration will enhance program sustainability. The team recommends that grantees support MCHI efforts to establish youth counseling centers where not presently available. Community-based youth programs that do not offer on-site services should ensure that information on youth friendly service providers is readily available.

Support development, dissemination and use of national-level standards for peer educators and peer education training. Coordinate with UNICEF, Jazas-Youth, and YUMISC to support development of national standards for peer educators and training. Support dissemination and application of these standards to USAID-financed peer education programs.

Support development of a national network of peer educators and the resources for this network. Coordinate with UNICEF, Jazas-Youth, and YUMISC to further develop

the national network of peer educators and expand the resources available to peer educators. CRDA might play a lead role in further development of web-based resources and interactive media.

Join Forces to Plan and Sponsor Youth-Focused FP/RH Messages at the Exit 5 (2005) Festival.

Promote public-private partnerships. Private-public partnerships provide excellent opportunities to leverage resources in support of FP/RH programs and activities.

Build a media component into FP/RH activities whenever possible. Balance media training for health professionals with health message training for media personnel, and ensure that health professionals have media sector contacts and vice versa.

Tailor materials to the target group and use existing social networks to disseminate messages. Program managers country-wide stated that print materials of all types (leaflets, brochures, posters) are a top priority but young people expressed a stated preference for interactive, multi-media. Youth social networks and youth-targeted events provide an excellent opportunity to disseminate messages.

Consider financing a country-wide Reproductive Health Survey to provide quality baseline information on FP/RH. At a minimum, ensure that grantees have access to standard FP/RH indicators for measuring program impact. A hard copy compendium of indicators for evaluating reproductive health programs is available on request from measure@unc.edu or at www.cpc.unc.edu/measure/publications.

USAID/Serbia FP/RH Program Management and Resources: a) USAID/Serbia would benefit from periodic regional or headquarters support for FP/RH from Global Health or E&E Bureau, given that the Budapest-based regional health advisor position will not be continued. Given the programmatic focus on youth, the mission might benefit from information exchange and assistance from Global Health Bureau adolescent health program experts; b) FP/RH funds can be used to hire part- or full-time staff to facilitate program management. USAID/Serbia might consider using FP/RH directed funds to procure local expertise or part- or full-time manager to ease the burden on GDO Office staff. Alternatively, the mission might consider expanding the role of a field-based staffer to include field operations oversight for FP/RH activities; c) The mission should work with E&E Bureau and Global Health Bureau to identify training opportunities for USAID/Serbia FP/RH manager(s). Sponsoring the FP/RH activities manager as a member of the Serbian Public Health Association would offer an excellent opportunity to meet public health leaders and influence policy development, showcase programs, and get access to state of the art technical information and resources.

FP/RH health activities and funding are presently managed under the CRDA program. This has had the advantage of promoting community-level services in 49 municipalities and has contributed to youth programs and peer educator training in many communities. If CRDA is not continued under the new strategy and/or if the mission chooses to reduce

its management burden, other program options could be considered. One option is to utilize field support mechanisms for part or all of the FP/RH funding. If the mission decides to pursue this option, the assessment team recommends it focus its FP/RH program on youth-targeted services and information and consider supporting condom social marketing as one component of a youth-focused program.

HIV/AIDS. USAID/Serbia should take advantage of technical assistance available from E&E Bureau (an AIDS expert has been hired to provide 10 TDYs region-wide over the coming year). The team encourages the mission to make use of this resource to assess the situation, identify priorities and policy issues and identify a plan of action that minimizes management burden on USAID. As the USG is the largest supporter of the GFATM, USAID/Serbia might consider seeking appointment to the CCM or collaborating with UNICEF or another CCM member to ensure that issues raised by CRDA partners are brought to the attention of the CCM and addressed. **CRDA grantees** are encouraged to share information on HIV/AIDS NGOs and programs in their AOR. All CRDA implementing partners include HIV/AIDS awareness and prevention as part of their RH/FP education programs. CRDA should coordinate with the Serbian AIDS Education and Training Center to ensure that its messages are consistent with the Training Center modules. The assessment team also recommends that CRDA partners share information and resources with UNICEF, particularly since CRDA has direct access to communities throughout Serbia and can provide accurate information to individuals at risk for HIV infection.

CSH Guidelines: The Guidance on the Definition and Use of the Child Survival and Health Programs Fund and the Global HIV/AIDS Initiative Account FY 2004 Update defines the primary purpose of FP/RH funds as "expanding the accessibility and availability of family planning information and services." The assessment report recommendations are focused on support for activities that fall within the allowable uses for FP/RH activities, system strengthening activities, and enhancement activities as described in the FY 2004 Update dated July 22, 2004. In the event of questions regarding funding for future activities, the assessment team recommends that the mission contact the E&E Bureau

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Best Practices

The following list of "best practices" is intended to be illustrative. The assessment team observed numerous best practices in the programs being financed by CRDA grantees.

Building a Media Component into all FP/RH activities: IRD ensures maximum awareness raising by employing media promotion or outreach as a component of all activities. IRD also uses professional educators (citizen advocates) to raise awareness around key issues.

Message delivery on the cheap: WHO bought space for a full page message in a popular local glossy car magazine for 300 euros and placed messages on a McDonald's Football Championship team for the cost of the uniform.

Simple "thematic" messages that build program recognition: the "apple" poster -- Healthy Woman/Healthy Family (MCI). When the assessment team asked several groups of health professionals and community members to propose a unifying "theme" for all FP/RH programs, several who had not seen this poster spontaneously stated 'Healthy Woman, Healthy Family' or 'Healthy Mother, Healthy Family')

Focus on Monitoring Activity Progress and Impact: CHF has developed and is field testing a monitoring and evaluation guide for its FP/RH activities. that is being field tested.

Employing Regional or Local Technical Assistance and Expertise: CHF employed a regional and local communications experts for its communications programs. MCI worked with UNICEF, Mother and Child Institute, PSI and CARE. Another local NGO collaborated with local artists to develop posters and print materials.

Building Programs on "Bottom-Up" Awareness-Raising. ACDI/VOCA employed a community awareness campaign as the launching pad for its sector program. This consists of a baseline survey, followed by a community awareness and mobilization campaign. Program activities build on this base.

Forging Public-Private Partnerships: ADF collaborated with Schering on the topic of "peri-menopause". ADF financed participation of medical professionals and psychologists, Schering equipped the counseling centers. Under the "Culture Helps Women" initiative, the Community Development Committee worked with the diplomatic community to sponsor fund-raising cultural events and leverage private sector resources.

Media Skills Development: identifying leading medical and public health professionals who can inform other via media, training them in core skills, and using them to transmit messages; complementing this with training for media in FP/RH messages.

Using youth social networks and the "Baywatch" approach to information transfer: One CRDA partner youth program distributed postcards containing health messages at the Novi Sad EXIT festival and another supported youth-focused activities at the Nis Nisomnia festival. Youth run radio and call-in programs are another example.

Awarding mini-grants as a way to reward initiative and directly involve youth or community groups in programming planning and implementation.

Building on established networks: MCI built youth friendly centers on activities initially developed by UNICEF and the Institute for Mother and Child Health in Belgrade, including use of same consultants and materials. As part of cost-share MCI provided condoms to health centers for demonstration and distribution to youth.

CRDA partner collaboration – participation in each other's training programs, sharing approaches and resources.

Many parents Opening Communications Channels Between Parents and Young People: Many parents have limited knowledge of FP/RH and cannot promote two-way communication with their children. To break this vicious cycle, some programs educate mothers about youth issues during their own visits. Other youth-focused programs have sponsored public lectures and discussions for parents as well as mother-daughter information programs. Another vehicle cited for improving parental and community awareness is working through teachers and PTAs.

Opportunities for Linking With Other USAID/Serbia Programs

This section describes possibilities for linking FP/RH activities and programs to other USAID/Serbia programs. Some of these linkages could be implemented now and others represent possibilities for consideration under the new strategy.

Employ peer educators as a foundation for and bridge to other programs: The network of peer educators trained under the FP/RH component of CRDA is a powerful vehicle for awareness-raising. This group of advocates and leaders is a ready-made bridge to other USAID programs and initiatives. All peer educators receive basic training in peer-to-peer communications techniques and a select group of experienced peer educators has received intensive training in leadership, team building and interpersonal communications. USAID should build on this resource now and under its new strategy. For example, the USAID DG Program has worked with a local NGO, the Anti-Trafiking Center, and Freedom House to develop resource materials and a two-day training program aimed at stopping human trafficking. Peer educators represent an ideal target group for this training program.

Coordinate media development efforts across the USAID/Serbia program: Media training for health professionals and health issues training for journalists have been financed by most, if not all, CRDA grantees. USAID/Serbia's DG sector program also finances media development in Serbia through IREX. CRDA grantees and IREX should share information and join forces, when possible, to promote efficiency and maximum impact.

View health sector issues as opportunities for advocacy and coalition-building: The draft USAID/Serbia civil society assessment observes that as NGOs working on specific topics proliferate, forming networks will enable them to become more effective in influencing public policy decisions in their sector. FP/RH sector programs and issues offer excellent focal points for building coalitions and supporting advocacy at the local and national level. Participation in these activities encourages citizens to view the democratic process in a more favorable, action-oriented light. Youth health issues and HIV/AIDS are two themes around which the DG civil society and CRDA FP/RH programs might join forces to support advocacy and coalition-building.

Promote regional and international exchange between the FP/RH youth network and civil society networks: Many civil society programs focus on mobilizing youth for

social change. Promote cross-fertilization between the FP/RH peer educator network and these other networks, for example, the Balkan Youth Network (contact point is The Balkan Trust for Democracy, Belgrade Office).

Co-locate IT resource investments with youth-targeted services and programs: Managers of youth-friendly services sites confirm that adding basic IT equipment in community-based youth programs increases participation and enhances youth access to information, including FP/RH information. An FP/RH web page developed by CHF, for instance, logged 2500 visits in its first 4 months of operation. The assessment team recommends the mission take this into consideration if IT resource investments are planned under the new strategy.

Involve key health planners in decentralization training and decision-making: Health officials interviewed expressed strong interest in USAID Local Government Program training programs and the municipal-level planning process, particularly budget planning and management. Given the heavy focus on curative care, these training programs can play an important role in ensuring that local government officials are informed regarding preventive health, youth health issues, FP/RH priorities and the challenges and constraints to providing quality services at the local level.

Although the team did not identify any opportunities for direct linkages with current USAID Economic Policy and Finance Office programs, possibilities for consideration under the new strategy include private-public partnerships and enterprise-based services. The USAID program might work through the National Chamber of Commerce to promote public-private partnerships that raise awareness of health issues and leverage financing and resources for quality services delivery. Another possibility is enterprise-based FP/RH services programs. USAID programs worldwide have demonstrated that providing quality, on-site services at larger enterprises has a positive impact on reducing medical costs and absenteeism, and improves employee morale.

Annex 1: Other Donor Programs:

Over 20 international donor and lending organizations contribute to or plan support for the health sector in Serbia. The majority of financing is provided by EAR, the World Bank and The European Investment Bank, with total or planned financing since 2000 exceeding $175 million. Japan has also pledged approximately $10 million for PHCC medical equipment. A summary of donor investments most relevant to FP/RH follows:

UNICEF

2 foci are Young People's Health and Participation Program and Early Childhood Dev Prog. Former includes HIV prevention, youth health policy advocacy, peer counseling, youth oriented communications models, development of a "life skills-based" curriculum for schools. ECD includes Baby Friendly Hospitals and breastfeeding promotion. $300,000-$400,000 per year countrywide.

- Formed working groups at MOH on HIV, RH/STI, mental health, adolescent abuse and neglect, and substance abuse
- plans to develop/adapt WHO minimum standards/protocols for adolescents for Serbia & Montenegro
- see need to provide more information to young people
- peer education for youth – HIV, substance abuse and RH focus: schools, clubs
- regional peer education networks – UNFPA initiative/UNICEF supports (y-peer@eunet.yu, Jelena Curcic, coordinator)

World Bank

- beginning to develop next country assistance strategy
- Current strategy: 80% structural adjustment – budget support, limited investment lending ($550 million including Montenegro)
- Social Sector Structural Adjustment Credit
    - $80 million pure budget support (health insurance fund)
    - drugs law (EU support)
    - standards/guidelines for hospitals at the secondary level (4 pilot sites – regional hospitals) -- $20 million investment – new/modern approach
    - health financing and vulnerable groups –separate line items (IDPs and refugees)
- New strategy – expected to continue programmatic adjustment loan, will know by the end of the year, but health will be one sector – health and social protection of vulnerable groups
- Collaboration with CRDA implementers in hospital receiving training and equipment

CIDA

$25 M Canadian Dollar health sector program planned 2004-2010. Three components: a) focus on development of a primary health care policy, est $10 M of which $5 M for Serbia; b) youth RH and AIDS prevention programs, $10 M, not to include Serbia and Montenegro given assistance planned by other donors; c) Capacity building via civil

society, specifically strengthening the Serbian Public Health Assn, $5M of which a large share may be spent in Serbia.

WHO
Programs include support for: a) health sector policy development; b) pharmaceutical management; and c) surveillance of infectious disease. $50,000 per year. Also manages and provides support for supplemental voluntary donations, for ex., has managed studies on the incidence of breast and cervical cancers financed at $400,000 by the Government of France.

European Agency for Reconstruction (EAR) and ECHO
78 million Euro program for 2001-2004, including pharmaceuticals (23 million), equipment (17 million), Health Information System (8 million) and technical assistance (30 million) including health system reform and planned support for development of a Serbian School of Public Health. EAR also attracted a 50 million, 2 year, EIB loan for rehabilitating 20 facilities and the national Institute of Immunology, whish supplies the Republic with all public health vaccines.

DIFID
Conducted and reported a study of HIV/AIDS in vulnerable populations.

JAPAN
Plans to invest approximately $12 million in medical equipment

Global Fund for AIDS
$5.15 funding for two years ($2.72 for HIV/AIDS, $2.43 for Tuberculosis)
HIV/AIDS components:
- development of a national strategy
- education of health center staff
- HIV education in schools
- Social marketing of condoms
- Prevention of mother-to-child transmission, including access to anti-retroviral therapy for HIV+ mothers and their children
- HIV prevention among high-risk groups

TB components:
- strengthen TB control systems
- education of health care staff
- establish a national network of laboratories
- improve drug management
- DOTS implementation in 100% of the country
- Strengthen supervision, monitoring, data collection
- Increase knowledge of TB patients and general population
- Improve TB control in high-risk groups and prevent emergence of drug-resistant cases
- Develop teams and units for diagnosis and treatment of drug-resistant cases

ANNEX 2: OTHER RELEVANT DATA AND INFORMATION

Serbia and Montenegro health statistics (source: World Health Report 2004)

Pop: 10.535 million
TFR 1.7
<5MR 15/1000 live births
IMR 13/1000 live births
MMR 9/100000 live births
<5 underweight – data not available
births attended by skilled birth attendant – data not available
HIV prevalence among 15-49 year olds 0.2%
How these stats compare to countries listed below?

WHR 2004 lumps Serbia with Bulgaria, Armenia, Azerbaijan, Georgia, Kyrgyzstan, Romania, and Slovakia. Live births and induced abortions per 1000 females age 15-19 year olds, range from 45 births and 30 abortions in Bulgaria, to 25 births to 15 abortions in Slovakia. The WHR estimates that Serbia falls within this range.

Other findings for this region:
- Perinatal conditions are the major causes of infant mortality, unwanted pregnancies and pregnancies among teenagers are a major and growing problem.
- Teenage pregnancy rates in most countries of western Europe are between 13 and 25 per 1000 girls aged 15-19, CEE and NIS country rates are 2-4 times higher, reaching over 100 in Ukraine.
- Unwanted and unplanned pregnancies can lead to dangerous abortions, with serious health consequences for adolescent girls.
- Young people are at increased risk of contracting sexually transmitted infections (STIs), medical and social facilities (including school based) should be developed to provide young people with counseling, information and practical help in RH, STI care, HIV/AIDS prevention and contraception.
- There is evidence that adolescents are experimenting with alcohol at younger ages and are increasingly engaging in high risk behavior, including binge drinking and mixing alcohol with illicit drugs.
- One in 4 deaths among adolescents is due to alcohol.
- One consequence of increased illicit drug use is rapid spread of HIV among adolescents.
- Health promoting schools are able to influence the health attitudes, values and behavior of children and adolescents, influence the way teachers teach, the relationships schools develop with parents and the community, the social atmosphere at school, student participation in decision-making, and the way schools are managed.
- CVD have become a major cause of premature mortality in women in the region.
- Cancers of RH organs contribute considerably to female mortality. Breast cancer screening programs can lead to early detection and treatment thus reducing avoidable mortality.

- The etiological link to the sexually transmitted human papilloma virus means that an increase in the incidence of cervical cancer should be expected in countries with epidemics of STIs.
- Reproductive ill health accounts for around 6% of the total disease burden in the CCEE and NIS, excluding cancers, HIV, STI or complications of pregnancy or childbirth, or surgical interventions performed without access to appropriate technology and drugs – if included, raises to 8-10%.
- Complications of abortions explain one quarter of maternal deaths in some counties, and are on average the single largest cause of maternal mortality in the CCEE and NIS.

PHCC services and contraceptives in Serbia (source: assessment team interviews)

- Oral contraceptives are free of charge in public facilities (though not available at all facilities), at pharmacies orals cost approximately 10 Euros a cycle, attitudes toward OCs are becoming more positive.
- IUDs (spiral) cost 560-9000 dinars ($10-$150), insertion is free in public facilities.
- Norplant and injectables are not available or approved for use.
- Abortion in a public facility costs 2000-3000 dinars, about $50.
- Condoms are readily available for prices ranging from 9 dinars (20 cents) and up. The “preferred” condom cited by youth is Durex ($1 each).

ANNEX 3: DOCUMENTS REVIEWED

Overview of FP and RH Activities – ADF
FP/RH Strategy Year Three Work Plan Annex- ADF
Manual for the Management in Health and Reproductive Health Seminar – ADF, June 2004
CD Seminar on STIs materials – Red Cross (ADF)
Sombor Cancer Society – ADF
Monitoring of work quality in Health Institutions – Ministry of Health, April 2004
STI Prevention Novi Sad - ADF
FP/RH Earmark Activities Year 3 Strategy and Work Plan – ACDI VOCA
CRDA Program in Central Serbia – Regional Statistics – ACDI VOCA
RH/FP Public Education Campaign – ACDI VOCA
CD Serbia Primary School RH Manual – ACDI VOCA
Strategy for RH/FP Earmark Activities in FY04 – CHF
FP/RH Activities July 2002 – July 2004 Presentation – CHF
Monitoring and Evaluation – draft version – CHF
Program Monitoring and Reporting System Presentation (PRS) – CHF
RH/FP Program Work Plan/ Strategy Year 3 – IRD
Western Serbia RH/FP Program – Prevention of STIs, HIV, malignant diseases and Promotion of RH/FP – IRD
Without Taboos – Manual on Reproductive Health for Youth – Center for Children Rights Uzice (IRD)
CD Bulletin for Youth Reproductive Health – Center for Children Rights Uzice (IRD)
FP/RH 2003 Earmark Implementation Strategy – Mercy Corps
Attitudes of Women in Sjenica, Novi Pazar, Tutin, Priboj, Prijepolje and Raska – CARE RH Project Final Report, November 2003
CHS FY 2004 Update (draft for clearance) – USAID, June 2004
CRDA RH/FP Activities – USAID Presentation, May 2004
RH - Early Detection of Cervical and Breast Cancer – CARE, June 2003
Basic Health Services Pilot Project (2001-2004 Executive Report)– IPH and ICRC
Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes – The Rockefeller Foundation 2002
Infectious diseases in Serbia excluding Kosovo and Metohija in 2002 – IPH Serbia, April 2003
Recommendations to USAID: RH Development in Serbia and Montenegro – Dr Branka Nikolic, School of Medicine, Belgrade University
Regional Distribution of YFHS in Serbia and Montenegro supported by UNICEF and USAID (2000 – 2003) – Institute for Mother and Child
Future of Pediatrics in Serbia and Montenegro – Prof. Milos Banicevic, Institute for Mother and Child, October 2003
Evaluation of the MCHC Doctrine – Prof. Milos Banicevic, Institute for Mother and Child, March 2004
Goals of Health Care of Children and Youth in Health System Reform in the Republic of Serbia – Prof. Milos Banicevic, Institute for Mother and Child

Poverty Reduction Strategy Paper for Serbia – Government of the Republic of Serbia, 2003
Donor Harmonization Framework for Serbia – Government of Serbia, Ministry of International Economic Relations Development and Aid Co-ordination Unit, May 2004
Serbia Health Vision Workshop Final Report – Ministry of Health, September 2002
Health Systems in Transition, Serbia and Montenego, European Observatory on Health Systems and Policies (DRAFT, not for quotation), WHO, June 2004
Overview of HIV/AIDS in SE Europe – UNICEF, 2002
Young Voices, Opinion Survey of Children and Young People in Europe and Central Asia – UNICEF, 2001
Monitoring AIDS Preventive Indicators – Institute of Social Medicine, Belgrade School of Medicine and UNICEF, 2000
Rapid Assessment and Response on HIV/AIDS Among Especially Vulnerable Young People in Serbia – CIDA and UNICEF, 2002
A Brave New Generation, Youth in Federal Republic of Yugoslavia – UNICEF and CIDA, 2002
Youth Friendly Services, Serbia, Mapping Report – UN Interagency Group on Young People's Health Development and Protection in Europe and Central Asia, 2003
Serbia on the Move – Government of Serbia, 2003
Support to Public Health Development in Serbia, Assessment of Preventive Health Services – EAR, 2004.
The Burden of Disease and Injury in Serbia – EAR, 2003
Assessment of the Institute of Public Health Network in Serbia – EAR, 2002
Reproductive Health Survey for Albania, Preliminary Report – Albania Ministry of Health with CDC, USAID, UNFPA and UNICEF, 2002
Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report – CDC, USAID and Macro/DHS, 2003
Guidance on the Definition and Use of the Child Survival and Health Programs Fund and the Global HIV/AIDS Initiative Account, FY 2004 Update – July 2004
Health Sector Strategy: 2005-2010 and Beyond (draft) – USAID E&E Bureau, May 2004
The Health Situation in the European Region (European Health Report) – WHO, 2002
The World Health Report 2004 – WHO, 2004
Investments in Health Contribute to Economic Development – USAID and Abt Associates, Partners for Health Reform Plus Project, April 2004
Social Monitor 2003, CEE/CIS/Baltic States – UNICEF, 2003
Serbia Local Government Assessment Team Final Report – July 2004
SOW for the CRDA Assessment Team – July 2004
USAID/Serbia Interim Strategy – USAID, 2002
Civil Society Assessment for Serbia (draft) – July 2004
Economic Policy and Finance Office Program Summary-- 2004 – USAID, 2004
E&E Health Manager's Workshop Field Trip Report – Sergej Anagnosti, May 2004
FP/RH Needs and Possibilities Assessment Report – Sigrid Anderson, July 2002

ANNEX 4: LIST OF PERSONS CONTACTED

	Name	Organization (position)	Place
1	Biljana Obradovic	CHF PRS Support and Training Officer	Belgrade
2	Dejan Lukacevic	CHF PRS Support Team	Belgrade
3	Mazen Fawzy	MCI COP	Belgrade
4	Nina Ristanovic	MCI Procurement/Special Initiatives Officer	Belgrade
5	Vesna Jovanovic	Care Project Manager	Belgrade
6	Jesse Bunch	IRD COP	Belgrade
7	Vladimir Prelic	IRD RH Program Officer	Belgrade
8	Nikola Jagodic	IRD Health Consultant	Belgrade
9	Slavenko Djokic	IRD	Belgrade
10	Dr Branka Nikolic	School for Improvement of RH, Belgrade University	Belgrade
11	Dr Richard Montanari	ICRC Health Coordinator	Belgrade
12	Dr Predrag Zivotic	ICRC Assistant Coordinator	Belgrade
13	Sasa Rikanovic	ICRC Health Financing Consultant	Belgrade
14	Marina Petrovic	World Bank HD Operations Officer	Belgrade
15	Dr Milos Banicevic	Republic Center for FP Director	Belgrade
16	Dr Katarina Sedlecki	Republic Center for FP	Belgrade
17	Dr Gordana Rajin	Republic Center for FP	Belgrade
18	Dr Jelena Zajeganovic-Jakovljevic	UNICEF Assistant Project Officer, Young People Health and Development	Belgrade
19	Barbara L. Curan	CIDA Head of the Technical Cooperation & Aid Program	Belgrade
20	Dr Luigi Migliorini	WHO Head of Country Office	Belgrade
21	Brian Holst	CHF COP	Belgrade
22	Boba Blagojevic	CHF POC Manager	Belgrade
23	Dr. Roberta Markovic	CHF M&E Activities Coordinator	Belgrade
24	Olivera Canic	CHF RHFP Program Administrative Assistant	Belgrade
25	Dr Vesna Micic	CHF Health Consultant	Belgrade
26	Zorica Raskovic	ADF Community Mobilization Unit Director	Novi Sad

27	Branislava Rajkovic	ADF Community Mobilization Specialist	Novi Sad
28	Dr Dimitrije Segedi	ADF FPRH Consultant	Novi Sad
29	Dr Zlatko Fiser	Provincial HSec Advisor	Novi Sad
30	Ranka Jesic	Novi Sad Health Center	Novi Sad
31	Dr Mirjana Andjelic	ADF Youth seminar trainer	Novi Sad
32	Dr Vojislav Stojsin	Asst to Provincial HS	Novi Sad
33	Jarmila Bujak Stanko	Red Line Center Coordinator	Novi Sad
34	Milos Petrovic	Peer educator	Novi Sad
35	Bane Vukasinovic	Peer educator	Novi Sad
36	Dr Zoran Kikic	Becej Health Center	Becej
37	Dr. Ruzica Crnjakovic Tonkovic	HC Head	Subotica
38	Dr Nebojsa Rakic	Hospital Manager	Subotica
39	Dr Mirjana Petricevic	HC	Subotica
40	Maja Stoparic	HC Psychologist	Subotica
41	Jakica Prka Vujovic	CDC Member	Subotica
42	Mira Vojic	Subotica Health Cluster Committee Member	Subotica
43	Sandra Usorac	Subotica Health Cluster Committee Member	Subotica
44	Bernadica Ivankovic	Red Cross	Subotica
45	Mihajlo Pece	RC Secretary General	Subotica
46	Sandra Stoisavljevic	Peer educator	Subotica
47	Boris Mikovic	Peer educator	Subotica
48	Christoper Wild	ACDI VOCA Public Information Specialist	Kragujevac
49	Mirjana Novovic	AV Community Development Director	Kragujevac
50	Verica Koracevic	AV Community Development Deputy Director	Kragujevac
51	Marija Lazic	Public Education Officer	Kragujevac
52	Dr Slavica Manojlovic	Aerodrom Dom Zdravlja	Kragujevac
53	Dr Bisenija Radivojevic	Bresnica DZ Chief of Pediatric Nursing	Kragujevac
54	Mirjana Jakovljevic	Bresnica DZ Head Pediatric Nurse	Kragujevac
55	Zorica Lazarevic	CDC Member	Kragujevac
56	Dr Milica Djordjevic	HC Deputy Director	Jagodina
57	Dr Zivica Tomic	Chief of Pediatric Service	Jagodina
58	Dr Boban Stanojevic	Gynecologist	Jagodina
59	Dr Dragana Tasic	Pediatrician	Jagodina

60	Nina Milosevic	Board & Task Force Team member	Jagodina
61	Ljubica Jokic	Board & Task Force Team member	Jagodina
62	Marija Djordjevic	Peer Educator	Jagodina
63	Dr Zorica Vasiljevic	HC Manager	Krusevac
64	Dr Milena Vukovic	Health Center	Krusevac
65	Dr Miroslava Miletic	Health Center	Krusevac
66	Dr Olivera Raicevic	Pediatrician	Krusevac
67	Dr Vladislav Petrovic	Gynecologist	Krusevac
68	Dr Zorica Stoiljkovic	Health Center	Krusevac
69	Milja Arsic	HC Nurse	Krusevac
70	Jasmina Nikolic	HC Nurse	Krusevac
71	Milos Veljkovic	CDC Member	Krusevac
72	Marija Nikolic	Peer educator	Krusevac
73	Nikola Samardzija	Peer educator	Krusevac
74	Snezana Dinic	CDC member	Merosina
75	Dragan Veljkovic	Library Manager	Merosina
76	Dr Svetlana Milosavljevic	Health Center	Merosina
77	Dr Lidija Prokic	Health Center	Merosina
78	Milos Jovanovic	Peer educator	Merosina
79	Dr Olga Milojkovic	CHF Partner NGO Mreza	Merosina
80	Dr Olgica Rajkovic	CHF Monitor	Merosina
81	Dr Miroslava Jovanovic	CHF Training assistant for FP	Pirot
82	Dr Radovan Ilic	HC Director	Pirot
83	Ljilja Panic	Medical Nurse, NGO Pirgos educator	Pirot
84	Dragan Mladenovic	CHF Partner NGO Pirgos	Pirot
85	Mirjana Milosevic	CHF Partner NGO Pirgos	Pirot
86	Dr Stojanca Arsic	HC Director	Bujanovac
87	Jelica Janjic	Patronage Chief Nurse	Bujanovac
88	Sasa Aleksic	Journalist	Bujanovac
89	Dr Mitat Sahiti	HC Director	Presevo
90	Dr Branko Manasijevic	Training Assistant for FP	Presevo
91	Hazbije Berisa	Patronage Chief Nurse	Presevo
92	Dr Ljiljana Cocic	HC Director	Leskovac
93	Dr Svetlana Filipovic	Health Center	Leskovac
94	Dr Milica Stamenkovic	Health Center	Leskovac
95	Ivana Stankovic	Youth Counseling Psychologist	Leskovac
96	Dr Slavisa Milojkovic	Health Center	Leskovac
97	Alan Bennett	MCI Novi Pazar Office	Novi Pazar
98	Dr Kasim Music	HC Director	Novi Pazar
99	Zibija Sarenkapic	MCI Partner NGO	Novi Pazar

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100	Dr Darko Marinkovic	Health center Director	Uzice
101	Jelena Zunic-Cicvaric	IRD Partner NGO Center for Children Rights	Uzice
102	Radovan Cicvaric	IRD Partner NGO Center for Children Rights	Uzice
103	Dr Snezana Janjic	IRD Partner NGO Center for Children Rights	Uzice
104	Aleksandar Pasic	CDC and Health WG member	Uzice
105	Dr Ilija Tripkovic	HC Director	Valjevo
106	Dr Vesna Krstevski	Health Center	Valjevo
107	Dr Zoran Jokic	Gynecologist	Valjevo
108	Dr Dragan Zivkovic	Health Center	Valjevo
109	Miroslava-Ljilja Maksimovic	IRD Partner NGO KEC-Ziveti Uspravno	Valjevo
110	Dr Dragisa Dobrosavljevic	Gynecologist	Valjevo
111	Dr Branko Zivanovic	Gynecologist	Valjevo
112	Mileva Mojic	Valjevo High School Youth Trainer	Valjevo
113	Jasmina Momcilovic	Valjevo High School Youth Trainer	Valjevo
114	Milos Markovic	Peer Educator	Valjevo
115	Dr Nada Djuric	Epidemiology Department	Loznica
116	Dr Nebojsa Koscica	HC Deputy Director	Loznica
117	Dr Zoran Nikolic	Head of Dispensary for Women	Loznica
118	Dr Radovan Manojlovic	Head of Delivery Ward	Loznica
119	Dr Nebojsa Sofranic	IPH Director and CDC member	Sabac
120	Dr Svetlana Karic	IPH	Sabac
121	Dr Majr Vuckovic-Krcmar	EAR Health Manager	Belgrade
122	Gordana Lazarevic	Assistant Minister, Min. of Int'l Econ. Relations	Belgrade
122	Lars-Andre Skari	Advisor, Ministry of Int'l Economic Relations	Belgrade
123	Dr. Dragomir Morisavljevic	Deputy Minister of Health	Belgrade
124	Dr. Natasa Lazarevic Petrovic	Ministy of Health	Belgrade
125	Keith Simmons	USAID Mission Director	Belgrade
126	Pat Shapiro	USAID Program Officer	Belgrade
127	Mike Enders	USAID, Chief GDO	Belgrade
128	Sergej Anagnosti	USAID, GDO	Belgrade
129	Art Flanagan	USAID, GDO	Belgrade
130	Bojana Vukasinovic	USAID, EPFO	Belgrade
131	Ellen Kelly	USAID, DGO	Belgrade

132	Milan Bastovanovic	USAID, DGO	Belgrade
133	Michael Keshishian	CRDA Assess. Team L'dr	Belgrade
134	Milica Spasic	USAID	Nis
135	Dragan Tanaskovic	USAID	Uzice
136	Djordje Boljanovic	USAID	Novi Sad